



**Testimony to the Human Services Committee**

**Presented by Mag Morelli, President, LeadingAge Connecticut**

**February 26, 2013**

**Regarding**

**House Bill 6367, An Act Implementing the Governor's Budget Recommendations for Human Services Programs**

Good afternoon Senator Slossberg, Representative Abercrombie, and members of the Human Services Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership organization representing over one hundred and thirty mission-driven and not-for-profit provider organizations serving older adults throughout the continuum of long term care.

Our members are sponsored by religious, fraternal, community, and municipal organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to expanding the world of possibilities for aging.

On behalf of LeadingAge Connecticut, I would like to speak to the issues of long term services and supports as they are addressed in the Governor's budget recommendations for human services programs.

We have submitted written testimony and I would like to speak tonight to our vision of long term services and supports and what we see as both opportunities and threats within the Governor's proposal.

LeadingAge Connecticut maintains a vision in which every community offers an integrated and coordinated continuum of high quality and affordable long term health care, housing and community based services. We would like to thank the Governor and the Legislature for embracing this same vision over the last two years for now is truly the time for all of us to look toward innovative solutions, invest our resources, and begin to create the future of aging services.

Our message today is simple; please stay committed to this vision.

Connecticut has undertaken a dramatic systems change in long term care. This change is being implemented through several Medicaid initiatives, including a strategic rebalancing plan that will allow more people the opportunity to receive services and supports in community based settings. The rebalancing plan declares that the State of Connecticut is "committed to creating a more efficient and effective long-term services and supports system aligned with the principles of choice, autonomy and dignity."

LeadingAge Connecticut is supportive of this change and has worked with the state over the last several years to create the opportunity and environment for individual providers to adapt, innovate and thrive in this new balanced system of aging services. However, quality aging services – whether they are provided in the community or in the nursing home – cannot be sustained without rates of reimbursement that cover the cost of care.

A 1.2% rate cut to nursing homes is contrary to this movement. The state is counting on nursing homes to be the change agents of rebalancing. We want our nursing homes to realign their structures, redesign their environments and in many ways intensify the work they are currently performing as those they care for will become frailer, older, and in need of more care, not less.

Today's nursing homes are embracing culture change and person-centered care in environments that more closely resemble a home than an institution. We are on the right road. Now is not the time to turn back. The non-profit aging service providers are on board with reducing the number of nursing home beds and moving toward home and community services, but we must invest in the nursing homes that will still be desperately needed by those who cannot be cared for at home.

The only nursing home rate increase since 2008 was the direct result of an increase in the nursing home provider tax in 2011. The Governor's budget proposes taking back the majority of that increase, but nursing homes will still be required to pay that increased provider tax rate of \$21 per bed per day. We will have no choice but to find ways to cover that loss – but where do we look? 70% of our nursing home costs are related to personnel – the compassionate caregivers who dedicate their lives and careers to serving those who live in our nursing homes. Our other cost centers are heat, utilities, food and medical supplies. The direct result of this rate cut will be cuts to one of these cost centers.

This budget not only proposes damaging cuts to the Medicaid rates for nursing homes, it also calls for a \$500,000 cut to residential care home funding and would maintain the funding reductions to the state funded portion of the Connecticut Home Care Program for Elders and the Alzheimer's Respite Program that were implemented in last year's budget rescissions. Many aging adults receiving services through these community based programs have already seen their care plans reduced and their needs left unmet. This is contrary to the very nature of our rebalancing plan. We urge you to reject the rate cuts, restore the funding and remain committed to the current path we are on by continuing to invest in the Medicaid system so that we can provide our most frail elderly with the care they need in the place they call home.

The rebalancing process is working. More of our elderly are being cared for in the community and the number of Medicaid paid days in the nursing home is declining. We must not stop now. This systems change is not only the right thing to do, but it will slow the future growth in Medicaid expenditures for long term services and supports. We urge the state to work with us and the other dedicated stakeholders to continue this progress.

The State is also undertaking a long term care rebalancing strategic plan that is not specifically addressed in this bill, but which we view as an opportunity for all our members, including our nursing homes. We are very pleased that as part of this plan the Governor has proposed additional resources to assist in repurposing and/or downsizing existing nursing home facilities. We would strongly encourage the state to expand the opportunity and allow the use of these funds to *modernize* the nursing homes that will be needed within the strategic plan so that we can create a modern-day nursing home environment that will meet consumer demand and market need. We are also please to learn that the Governor has proposed increased funding for the fair rent component of the nursing home rate structure so as to encourage continued capital investment and improvement in these needed facilities.

In closing I would like to offer you our continued assistance and our partnership as we all work to create an integrated and coordinated continuum of high quality and affordable long term health care and to expand the possibilities of aging.

Thank you and I would be glad to answer any questions.

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**Supplemental Submitted Testimony of LeadingAge Connecticut**

- [Aging Services: The Not-for-Profit Difference](#)
- [State of Connecticut Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports 2013-2015](#)
- [Click here for a printable listing of LeadingAge Connecticut Members \(PDF\)](#)
- [www.LeadinAgeCT.org](http://www.LeadinAgeCT.org)

**REBALANCING THE STATE'S LONG TERM CARE SYSTEM**

Connecticut must *strengthen* and *invest in* our system of long term services and supports and provide the opportunity and environment for individual providers to transform our system of aging services one solution at a time. LeadingAge Connecticut proposes that as a part of the rebalancing initiative, the state create a collaborative and efficient regulatory and reimbursement environment that is adaptive and receptive to individual provider's forward thinking ideas and planning. Such an environment would encourage providers of the long term care continuum to continuously adjust, modernize and diversify their models of care to address current and future consumer needs and expectations. ***The time is now to look toward innovative solutions and begin to create the future of aging services.***

**Invest in Adequate Rates of Reimbursement**

Right now Medicaid is the primary public source of financing for all long term care. Today we must deal with the fact that Medicaid rates do not come close to meeting the costs of providing long term care, either in the nursing home or in the community. ***Our goal as a state must be to work toward an efficient, high quality, and cost effective system that can provide adequate rates of reimbursement that meet the cost of providing care throughout the long term care continuum.***

The state has adopted a *Long Term Services and Supports Plan* and a *Strategic Rebalancing Plan*, both with the goal of rebalancing the system and providing a choice for individuals seeking long term services and supports. LeadingAge Connecticut supports this goal, but the plans will require an investment of resources. Experience shows that while rebalancing can moderate the growth of long term care costs, it does not eliminate the growth. Costs will continue to rise through the entire long term care system – and the state needs to recognize this and invest in it. This is an essential element to the success of a balanced long term care plan and the only way we can maintain the commitment to those who rely upon the Medicaid system for their long term care needs.

## **The Need for Electronic Medical Records in the Long Term Care Continuum**

The Governor's proposal does not specifically address the need to assist providers in purchasing electronic medical record systems, but the use of electronic medical record and information systems is essential to a successful transformation of our Medicaid system to an integrated and coordinated, person centered model of care. The long term care provider network is lacking in resources to equip themselves with full electronic medical records and this pressing need *must be placed* on the state's strategic radar screen.

## **NURSING HOMES: SUPPORTING THE TRANSITION**

### **Reject the Proposed Medicaid Rate Cut**

The Governor is proposing that there be no inflationary nursing home rate increase in the biennium and further proposes a reduction of \$14.78 million in the current funding for nursing home rates. **This reduction will result in a rate decrease estimated to be 1.2% for all nursing homes. Nursing homes cannot withstand this cut to their Medicaid rates.**

Medicaid is the single most important public source of funding for nursing home care, but the fact is that Medicaid rates do not meet the costs of providing this care. In the average nursing home, 71% of the residents are being funded by Medicaid and the average daily Medicaid rate is \$14.75 lower than the statutorily calculated *allowable rate* - which itself is inherently lower than the actual costs incurred to care for a nursing home resident. (The nursing home rate setting structure that is outlined in statute establishes individualized rates based on allowable costs and held down by cost center caps.)

The Governor's proposal acknowledges that the statutory rate structure, if allowed to function, would require an additional \$53.4 million in FY 14 and \$81 million in FY 15 to fund the cost of providing nursing home care. The budget proposal removes those statutory increases and then cuts an additional \$11 million in FY 14 and \$14.8 million in FY 15 from the current rate structure. **This means the Governor would be asking nursing homes to find \$160.2 million dollars over the next two years to cover the shortfall in Medicaid reimbursement for nursing home resident care.** That is \$160.2 million in actual spending that must be cut from operating budgets or shifted to private pay residents over the next two fiscal years. There are only a few places a nursing home can go to find these cuts. 70% of a nursing home's costs are related to personnel. Other large cost centers are utilities, heat, medical supplies, and food. **There is no doubt that these cuts will directly impact jobs.**

To add insult to injury, the current funding that is proposed to be cut is the direct result of a recent increase in the nursing home user fee (provider tax) that was used by the state to capture additional federal funds to for the nursing home segment of the continuum. The proposal would take away the funding, but the nursing homes would continue to pay the increased user fee (provider tax) of \$21.02 per bed per day.

Explanation: In 2011, the nursing home user fee (provider tax) was increased to maximize the amount of federal revenue returned to the state. The total additional user fee (provider tax) collected directly from the nursing home providers was \$39.3 million. After the state received the federal match on the tax, they returned \$59 million to the nursing homes for a net gain to the nursing home providers of \$19.7 million. The method of returning the funds was by way of a Medicaid rate increase that the nursing homes received in two parts: 3.7% (a net rate increase of only 1.25%) in FY 11-12 and then .33% (a net rate increase of 0.17%) in FY 12-13. The budget proposes to take away 75% of the \$19.7 million net gain which will result in a Medicaid rate decrease of approximately 1.2% for nursing homes.

The only nursing home rate increase since 2008 was the direct result of an increase in the nursing home user fee (provider tax) in 2011. (The nursing home user fee (provider tax) was originally implemented in 2005.)

### **Medicaid Nursing Facility Rate History**

<i>Rate Period</i>	<i>Increase/Method</i>	<i>Cost Report Year</i>
1/1/05-6/30/05	1.0%	2000
7/1/05-6/30/06	14.0% (4.0% net Rebase w/Tax)	2003
7/1/06-6/30/07	3.0%	2003
7/1/07-6/30/08	2.9%	2003
7/1/08-6/30/09	0%	2003
7/1/09-6/30/10	0%	2007
7/1/10-6/30/11	0%	2007
7/1/11-6/30/12	3.7% (1.25% net w/Tax Increase)	2007
7/1/12-6/30/13	0.33% (.17% net w/Tax Increase)	2007

### **Support Nursing Home Diversifying, Downsizing and /or Modernization**

LeadingAge Connecticut is very pleased that the Governor has proposed additional grant funding through bonding initiatives to assist in restructuring, diversifying and/or downsizing existing facilities to build a better model of care that would strengthen the full continuum to meet consumer demands, market needs and the goals of the state's long term care plan. The grants will to be distributed through a formal request for proposal process that will encourage innovative and creative ideas. The Centers for Medicare and Medicaid Services and the Housing and Urban Development federal agencies are interested in this rightsizing initiative and may be provide technical assistance to nursing home providers in this effort.

The proposed investment of state and federal funds can help nursing home providers, professionals in the field of long term care, evaluate their current business models and if necessary, restructure, diversify, or redesign their buildings and campuses. Just as importantly, **we must allow for the modernization of nursing homes** so as to better provide this necessary level of service in a model of care that consumers are demanding.

To facilitate this rightsizing initiative and to encourage providers of the long term care continuum to adjust, modernize and diversify their models of care, **we propose that the state go beyond the grant program and create a collaborative and efficient regulatory and reimbursement environment for all nursing home providers. An environment that is adaptive and receptive to individual providers forward thinking ideas and planning will encourage rightsizing initiatives beyond the state funded grant program.** For providers who are seeking to make innovative changes that are in line with our state's strategic initiatives, the state must work to streamline and coordinate all regulatory processes and adapt to a more integrated system of care delivery.

We cannot afford to continue to ignore the nursing home level of care that is and will be needed in the future and therefore the call for modernization of the state's nursing homes is crucial. We need to actively plan and build a model and infrastructure of nursing home care that makes sense for the future needs and demands of our long term care system moving forward. **Modernization efforts** will allow nursing homes to create the modern-day systems and services that are desired by consumers and which are required in the new system of health care reform. Greenhouse models, culture change modifications, energy efficiencies, electronic health records, transportation systems and other capital improvements should be allowable within the system of grants, loans and funding.

### **Adequately Fund Reimbursement Adjustments for Nursing Home Capital Investment**

The proposed state and federal funding that has been dedicated to this effort will be of great help to many homes, but we also need to encourage continued capital investment and improvement in all facilities to ensure that they remain vibrant and viable buildings. This continued quality improvement and physical plant upkeep can only be maintained by adequately funding the fair rent component of the rate structure.

Under current statute, the Department of Social Services is required to incorporate an adjustment to accommodate improvements to real property (referred to as a "fair rent adjustment") when setting annual nursing home rates. Unfortunately, fair rent increases were frozen for several years and were only partially funded last year.

Fair rent rate adjustments are an investment by the state that is matched by federal funds and which is spent in the local economy on construction work, repairs and facility improvements. In contrast, the lack of fair rent funding restricts the ability of providers to finance improvements to their aging facilities and discourages those with working capital from spending it. We urge the adequate funding of fair rent rate adjustments for nursing home capital improvements and investments and support the additional funding proposed in the Governor's budget.

### **Address the Financial Burden the Nursing Home Bears in the Continuum Regarding Non-payment for Services**

The state must recognize the current disproportionate financial burden that the nursing home bears within the continuum of long term care services. The nursing home is the *only segment* of the continuum that is required to provide unlimited periods of uncompensated care to residents in the following situations:

- Residents who have pending Medicaid applications,
- Residents who have Medicaid penalty periods imposed when there has been a misappropriated asset, and
- Residents who are withholding applied income payments.

Connecticut is also one of only a few states that still have a waiting list law.

We cannot create a balanced long term care system if only one segment of it bears the highest burdens. **The state must address the current system's incentives to utilize the nursing home as the placement for individuals with no payment source and it must seek to provide opportunities for nursing homes to plan models of care that attract payer sources other than Medicaid.**

### ***We recommend the following additional legislative proposals:***

1. Provide the nursing home with additional statutory authority to pursue recovery when there is an intentional transfer or theft of an asset that causes the Department of Social Services to impose a penalty period.
2. Provide the nursing home with additional statutory authority to pursue recovery when the applied income of a nursing home resident is being withheld or is misappropriated and not paid to the nursing home as required.
3. Create a system of providing advanced payments to providers who are caring for residents with pending Medicaid applications until such time as the long term Medicaid eligibility process is improved.
4. Encourage the use of private resources to fund nursing home care by modifying or eliminating the waiting list requirements (§ 17b-550).

We believe that modifying the law to strengthen the nursing home's ability to recover misappropriated assets and applied income will not only assist nursing homes, but will also promote the use of private resources to pay for nursing home care rather than encouraging a reliance on Medicaid funding. It is important to send a message that you cannot steal or transfer a person's assets or income and then expect the state or the nursing home to pay for that person's nursing home care. That is not what Title 19 was created for and it is not what we should be encouraging as a state.

## RESIDENTIAL CARE HOMES

### Reject the Proposed Funding Cut

The Governor's budget proposes to eliminate the recent \$500,000 increase in funding for residential care homes. This funding was made available last year as the result of an increase in existing residential care home residents' applied social security income and was rightly reinvested into the residential care home segment of the continuum. This model of care is both supportive and affordable and is a setting of choice for many individuals. **We strongly object to the proposed removal of this funding.**

### Long Term Care Rebalancing Opportunities

We are encouraged by the potential of repurposing the residential care home model within the rebalanced system of long term services and supports. Residential care homes vary in their character and culture, but the model offers much promise within a system that will encourage choice, autonomy and dignity. We are particularly intrigued by the potential repurposing to "adult family living homes," and feel that this may be just one of many opportunities to utilize this licensed level of care.

## HOME AND COMMUNITY BASED SERVICES

### Restore the Alzheimer's Respite Program and Home Care Program for Elders Funding

LeadingAge Connecticut urges the state to restore the cut in funding to the Alzheimer's Respite Program and the state funded portion of the Home Care Program for Elders that was made in last year's budget rescissions.

Alzheimer's Respite Program: Family caregivers have an important role to play in the long-term care system, but the challenges facing them are great. Connecticut's unpaid caregivers provided over \$1 billion worth of care to relatives and in return, they are called upon to sacrifice lost wages and to face significant physical and mental health risks. The risks of poor health and premature death are greatest among those who care for relatives with Alzheimer's disease. In order to continue reaping the benefits that family caregivers provide to older adults, we as a society must increase our support for them. A crucial aspect of that support is funding for respite care and we must not deplete those resources.

Home Care Program for Elders: Many aging adults receiving services through the state funded portion of this program have already seen their care plans reduced and their needs left unmet. This is contrary to the very nature of our rebalancing plan. We urge you to restore the funding so that we can provide our most frail elderly with the care they need in the place they call home.

### Elderly Nutrition and Transportation

The recent report of the *Aging in Place Task Force* reemphasized the importance of community based services such as the elderly nutrition and local transportation programs. These services help to foster and maintain the independence of individuals aging in the community. We encourage the Committee to continue the commitment to these vital services.



## **Adult Day Services and Home Health Care**

We are grateful that the Medicaid rates for these vital community based medical services and social supports were maintained in the Governor's proposal, but we must reiterate that Medicaid rates do not come close to meeting the costs of providing long term services and supports in the community. ***Our goal as a state must be to work toward an efficient, high quality, and cost effective system that can provide adequate rates of reimbursement that meet the cost of providing care throughout the long term care continuum.***

## **GENERAL MEDICAID ISSUES**

### **Pending Medicaid Eligibility Crisis: Need for Immediate Remedies for Consumers and Providers**

There is a need to immediately address the increasing delays in Medicaid eligibility determination. The crisis of pending Medicaid is affecting individuals in need of services and providers of long term care services who are bearing the burden of providing increasing amounts of uncompensated care. While an automated eligibility system maybe the answer, complete implementation is months away and individuals in need cannot wait.

### **Medicaid Fraud**

The Governor proposes to strengthen Medicaid fraud efforts and we would support that proposal. Fraud and abuse have no place within the health care system and should never be tolerated within the Medicaid program. As Medicaid providers, the members of LeadingAge Connecticut understand, accept and support the need to protect the integrity of the program through state oversight and audits.

We encourage efforts to ensure that the oversight and audit processes used by state government are both fair and balanced and are designed so as not to add unnecessary expense to the health care field. Therefore we do not object to the use of enhanced data analysis in the effort to identify fraudulent practices, as is proposed by the Governor.

LeadingAge Connecticut has previously called for oversight methods and audit practices that are fair, balanced, efficient and cost effective and which do not place unnecessary burdens on law abiding providers. We also urge the state to make sure that the audit standards, which consist of state Medicaid payment regulations and policy provisions, are updated and clarified. While oversight is imperative to maintaining the integrity of the Medicaid program, it should not add unnecessary costs and burdens to the system. Given limited resources, it is important that the state's audit efforts focus on areas and providers that pose a true risk of fraud, waste, abuse and errors.

The Committee should be aware that long term care Medicaid and Medicare providers are already subject to the following government audit entities:

**CERT:** Comprehensive Error Rate Testing Program

**DOJ:** Department of Justice

**DSS:** DSS Office of Quality Assurance

**HEAT:** Health Care Fraud Enforcement Action Team

**MAC:** Medicare Administrative Contractor

**Medicaid RAC:** State Medicaid Recovery Audit Contractor

**Medicare RAC:** Medicare Recovery Audit Contractor

**MFCU:** Medicaid Fraud Control Unit

**MIC:** Medicaid Integrity Contractor

**OIG:** Office of Inspector General

**PERM:** Payment Error Rate Measurement Program

**ZPIC:** Zone Program Integrity Contractor



## LeadingAge Connecticut Members

ALZHEIMER'S RESOURCE CENTER OF CONNECTICUT, INC.  
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WAVENY CARE CENTER  
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